

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968629	(X3) DATE SURVEY COMPLETED R 07/20/2018
NAME OF PROVIDER OR SUPPLIER LA BELLE LA VIE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3973 LUBEC AVENUE NORTH PORT, FL 34287	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit and the emergency power plan monitoring survey were conducted on at La Bella la Vie, an assisted living facility (license #12508) in North Port, Florida.

This was the second follow-up to the biennial survey completed on

The following is description of the deficiency.

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0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, resident and staff interviews and review of the facility Emergency Power Plan (EPP) the facility failed to ensure they informed 3 (Residents #1, #2 and #3) of 3 residents about the EPP. The facility also failed to ensure they implemented all the components as described in the EPP.

The findings included:

On _____ review of the facility EPP approved by the county on _____ and implemented by the facility on _____ said the administrator would test the generator and do routine maintenance on a monthly basis. The facility would maintain a _____ of 80 degrees with a portable air conditioning (A/C) unit via the portable generator. The facility would store 75 gallons of gasoline on site and when an emergency is declared staff will retrieve the remaining 80 gallons of gas at the local gas station to maintain the 96 hours of required generator operation.

On _____ at 9:15 a.m., a tour of the facility was conducted with Staff A and Staff B. The generator in the EPP was located in the garage in the original packaging. The portable A/C unit needed to keep the facility at 80 degrees as described in the EPP was not at the facility. The facility did not have the 75 gallons of gasoline at the facility as required by their EPP or the containers to retrieve the remaining 80 gallons to maintain the 96 hours of required generator operation.

On _____ review of Residents #1's, #2's and #3's record revealed no documentation they and/or their legal representatives were notified of the approved EPP.

On _____ at 10:00 a.m., interview with Resident #1 said she does not remember anyone from the facility informing her of the comprehensive emergency plan and/or the EPP. Resident #2 and #3 were not interviewable and their legal representatives were not available for interview.

On _____ at 10:30 a.m., interview with Staff A and Staff B confirmed they did not have a portable A/C unit nor did they have the 75 gallons of gasoline on site as written in the approved EPP. They said the portable generator was still in the original packaging and had not been tested and/or routine maintenance as described in the EPP which was implemented _____. They confirmed, after reviewing Residents' #1, #2 and #3's records, that the residents or their legal representatives were notified of the approved EPP as required.

Class III